Occupational and Environmental Medicine

MENTAL HEALTH AND WORK 1

Nadia Aleem
Mental Health Lead, Insight Solutions
Trillium Health Partners
April 25, 2025

Faculty/Presenter Disclosure

Project ECHO

Occupational and Environmental Medicine

- **Faculty:** Nadia Aleem, MD, MSc, FRCP, Psychiatrist

- **Relationships with financial sponsors:**
  - **Grants/Research Support:** none
  - **Speakers Bureau/Honoraria:** none
  - **Consulting Fees:** WSIB, College of Physicians and Surgeons for Ontario (CPSO), Canadian Medical Protective Association (CMPA)
  - **Patents**: none
  - **Other:** Employee of Centre for Addiction and Mental Health (CAMH), Trillium Health Partners

Disclosure of Financial Support

Occupational and Environmental Medicine

- **This program has received financial support from the Workplace Safety and Insurance Board (WSIB) in the form of an educational grant.**
- **This program has received in-kind support from** – N/A

- **<u>Potential for conflict(s) of interest</u>:**
- None

Mitigating Potential Bias

Occupational and Environmental Medicine

- The information presented in this program is based on recent information that is explicitly “evidence-based”.

- This Program and its material is peer reviewed and all the recommendations involving clinical medicine are based on evidence that is accepted within the profession; and all scientific research referred to, reported, or used in this CME/CPD activity in support or justification of patient care recommendations conforms to the generally accepted standards

Learning Objectives

Occupational and Environmental Medicine

By the end of this session, participants should be able to:

1. Understand the components of an occupational mental health assessment
2. Learn strategies and tools that can be used to perform this assessment

Feedback from Prior Sessions

Occupational and Environmental Medicine

- What is the WSIB process for a claim (raising a claim until closure)
- Spend some time highlighting the “must and don’ts” of WSIB – what you must report and what you don’t
- Functional Abilities Form Explanation

Poll Question

Occupational and Environmental Medicine

When approaching a mental health assessment that helps determine return to work recommendations (an occupational mental health assessment), which of the following components of the assessment are most important:

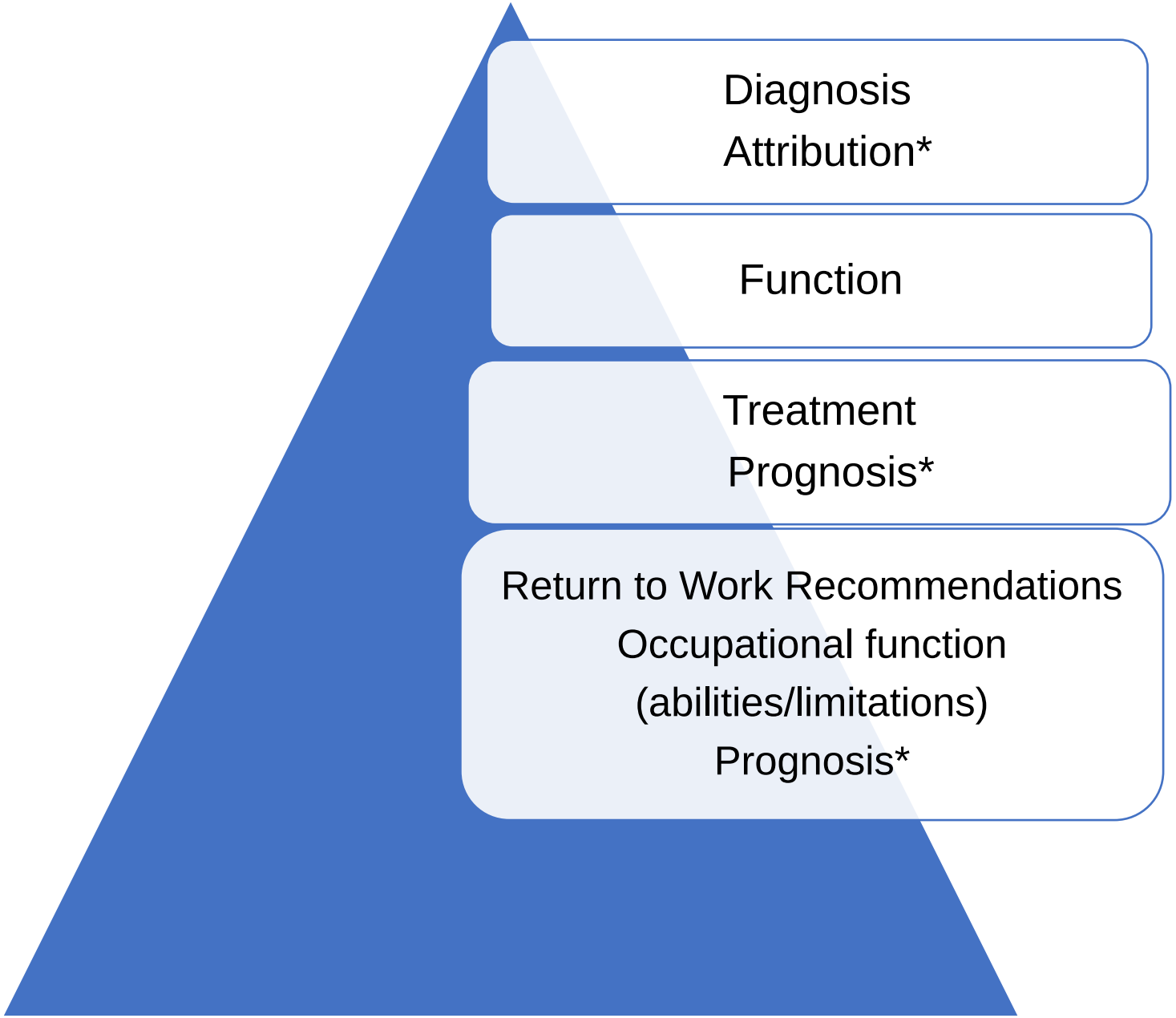
1. Symptom review, diagnosis, and risk
2. Symptom review, diagnosis, functional assessment, and risk
3. Functional assessment and risk
4. Risk

Mental Illness – Diagnosis versus Function

Occupational and Environmental Medicine

- Symptom description format
- No determination of attribution
- Provides timeline for symptoms
- Limited focus on functioning does not lend itself to occupational reporting, treatment and support

Occupational and Environmental Medicine



Diagnosis and Attribution

Occupational and Environmental Medicine

Diagnosis:

- Symptom review with standardized interview **to reflect DSM V diagnoses**
- Self-report measures can support but not make diagnoses

Attribution:

- Usually requested in independent medical examination (IME) or specialty assessments not community reports
- Looks at primary and potentially secondary contributors to onset (i.e., workplace trauma and concurrent workplace/personal stress)
- Does not preclude presence of pre-existing symptoms

Functional Assessment

Occupational and Environmental Medicine

Observation/MSE

Interview*

Self-Report Measures *

Collateral

Standardized Evaluation

Functional Domains

Occupational and Environmental Medicine

- **Activities of daily living**
  - self-care, sleep, appetite, finances
- **Instrumental Activities of daily living**
  - caring for the home, leaving the home, childcare*, eldercare*, driving*
- **Cognitive Functioning**
  - concentration/attention, reading retention, memory, multitasking, decision making, planning/executive
- **Ability to manage stress**
  - adaptive versus maladaptive (substance, self-harm, internet, gambling, sex/pornography)
- **Ability to regulate emotions**
  - anger, reckless behavior, suicide/self-harm, violence, control of external expression
- **Interpersonal functioning**
  - reactivity, trust, connection to social supports

- Engagement in recreational activities, physical activity
- Connection to community
- Religious/spiritual

WHO Disability Assessment Schedule (WHODAS) 2.0

Project ECHO
Occupational and Environmental Medicine

- Self-report measure
- Long and short forms
- Maps onto the International Classification of Functioning Disability and Health (ICF) domains (functioning and participation)
- Does not directly map onto the functional domains used by WSIB (non-economic loss (NEL) domains)

Treatment

Occupational and Environmental Medicine

- Should be functionally oriented – what treatment will address the functional impairment identified and how will it do that?

- What is the overall prognosis – what is the likelihood that treatment will significantly improve the current functional impairments?

- If no significant functional improvement is anticipated with further treatment, consider **Maximum Psychological Recovery**

Treatment Recommendation Examples

Occupational and Environmental Medicine

- This individual’s mood symptoms result in daily limitations in being able to initiate and consistently complete tasks of daily living. These impairments currently limit return to work in any capacity. As such behavioral activation strategies are recommended to help establish improved consistency in daily task completion and treatment

- This individual faces difficulties with concentration that are exacerbated by insomnia and associated fatigue. These impairments currently limit this individual's ability to work night shifts. As such, CBT for insomnia is recommended.

Project ECHO

Occupational and Environmental Medicine

RETURN TO WORK

Poll #2

Occupational and Environmental Medicine

When making return to work recommendations, the following is true:

1. If work is resulting in increased anxiety symptoms, then no return to work should be recommended
2. Return to work should not be initiated until an individual's mental health symptoms are in remission
3. If an individual's conflict with a co-worker or manager is the prime source of mental health difficulty, then it should be recommended that the individual be restricted from working with this individual to facilitate a return to work
4. Both 2 and 3 are true
5. None of the above

Return to Work

Occupational and Environmental Medicine

- Increase in symptoms is often expected in return to work
- Return to safe work has been demonstrated to improve overall mental health outcomes
  - Positive emotions
  - Engagement
  - Relationships
  - Meaning
  - Accomplishment

  (PERMA model Martin Seligman)

Return to Work Review

Project ECHO
Occupational and Environmental Medicine

- Consider the core tasks of a job (may use a Job Demands Analysis, patient interview, other employer documentation)
- How would the individual’s current symptoms and functional abilities impact their ability to perform at work (what are their abilities and limitations)?
- Does the client need to be restricted from certain types of work due to risk/safety?
- Are there accommodations that can be recommended based on the individual's limitations in functioning?

Restrictions versus Limitations/Accommodations

Occupational and Environmental Medicine

Restrictions: indicates components of work, work duties/work environments that would put the individual or others at risk in the workplace.

Accommodations: outlines the functional limitations that an individual faces and suggests ways in which work can be accommodated or modified to help facilitate engagement in work

Restrictions and Accommodations

Occupational and Environmental Medicine

SYMPTOM: Insomnia

FUNCTIONING: Difficulties with fatigue, sleepiness, concentration, attention, limitations in stress tolerance, irritability

RESTRICTION: No safety sensitive work

ACCOMMODATION: Limit night shifts/changing shifts

Single tasks, work tasks that do not involve >20 min concentration, minimal time pressure/deadlines

Common Pitfalls

Project ECHO
Occupational and Environmental Medicine

Recommending the specific type of job, job location, co-worker or management structure

General workplace recommendations i.e., policy recommendations

Limitations do not match restrictions i.e., the person

i.e., person suffers from depression and ADHD. Can work from home but cannot work in hybrid position. *what symptoms are worse at workplace and why? – what accommodations could be made to support hybrid work?*

WSIB Functional Abilities Form

Occupational and Environmental Medicine

A communication tool for the workplace parties. It is completed by the treating health professional and provides the employer and the injured/ill worker with a common frame of reference about the worker's functional abilities to identify jobs that are suitable for the worker.

Functional Ability

Checkboxes

- Outlines functional abilities: generally more physical than psychological
- Asks for comments on physical restrictions – what a worker absolutely cannot do or will cause significant harm (i.e., reaching overhead)

Free text: outline abilities/restrictions * use functional domains to describe limitations

- Return to work recommendations – can they work in some capacity or are they unable to work in any capacity?
- Prognosis – how long will the restrictions be in place for (time fencing), when will they be reviewed?

Take Home Messages

Occupational and Environmental Medicine

Occupational mental health assessments are grounded in functional assessments and functionally-oriented treatment recommendations

Physically and psychologically safe work has long-term positive impacts on mental health and efforts should be made to support individuals in achieving engagement in work to support their mental health

Look to accommodations/modifications of work rather than restricting work altogether

Resources

Occupational and Environmental Medicine

International Classification of Functioning, Disability and Health (ICF)

https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health

Disability and Insurance: Facilitating the Patient's Return to Work

https://www.camh.ca/en/professionals/treating-conditions-and-disorders/disability-and-insurance-claims-in-primary-care/disability-and-insurance---facilitating-the-patients-return-to-work

Ontario Medical Association. (2019). Physician's guide to uninsured services: a guide for Ontario physicians https://swpca.ca/Uploads/ContentDocuments/2019-Physicians-Guide-to-Uninsured-Services-10Jan19%20(004).pdf

Franche, R.L. & Krause, N. (2002). Readiness for return to work following injury or illness: conceptualizing the interpersonal impact of health care, workplace, and insurance factors. Journal of Occupational Rehabilitation, 12, 233–256.

Functional Abilities Form Functional Abilities Form | WSIB